

Officeholder and Candidate
Campaign Statement –
Short Form

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

CALIFORNIA
FORM 470

For Official Use Only

Date of election if applicable:
(Month, Day, Year)

11/2/04

☐ Amendment (Explain Below)

RECEIVED

AUG 11 2004

City Clerk
City of Lodi

1. Statement Covers Calendar Year 20 ____.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

Darla Barton

STREET ADDRESS

1011 Yulani Drive

CITY

Lodi

STATE

CA

ZIP CODE

95240

AREA CODE/DAYTIME PHONE NUMBER

(209) 369-4278

OPTIONAL: FAX / E-MAIL ADDRESS

3. Office Sought or Held

OFFICE SOUGHT OR HELD

Lodi City Council

JURISDICTION (LOCATION)

Lodi CA

DISTRICT NUMBER
(IF APPLICABLE)

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER

COMMITTEE ADDRESS

NAME OF TREASURER

There are no
committees formed

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

8/11/04

DATE

By

Darla Barton

SIGNATURE OF OFFICEHOLDER OR CANDIDATE